

**SAFETY
EDUCATION
PACKET**

FOR

**KADLEC MEDICAL CENTER,
KENNEWICK GENERAL HOSPITAL,
LOURDES HEALTH NETWORK
PROSSER MEMORIAL HOSPITAL**

8/2005

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FIRE SAFETY INFORMATION

R.A.C.E. - Rescue, Activate, Contain, Extinguish

Rescue anyone in danger

Activate fire alarm

- Pull the nearest fire alarm pull station
- Call the Operator using the emergency number

Contain the fire

- Close doors and windows
- See that the fire doors are closed

Extinguish the fire if it is safe to do so

- Use the nearest fire extinguisher or smother the fire
and/or

Evacuate

- Move the occupant to a safe area (other side of the fire door)
- Clear hallways of obstacles

HOW TO USE A FIRE EXTINGUISHER:

P.A.S.S. - Pull, Aim, Squeeze, Sweep

1. Hold the extinguisher upright and pull the ring pin, snapping the plastic seal.
2. Stand back from the fire, aim at the base of the fire nearest you.
3. Keeping the extinguisher upright, squeeze the handles together to discharge.
4. Sweep from side to side.
5. When the fire is out, watch for re-ignition.
6. Evacuate and ventilate the area immediately after extinguisher use.

ELECTRICAL SAFETY INFORMATION

- Do not overload electrical circuits.
- Check electrical cords for wear, loose plugs or prongs, and missing ground plugs.
- Grab the plug when unplugging electrical equipment, not the cord.
- Do not put electrical cords where they can be stepped on or tripped over.
- Red receptacle covers or green dots designate emergency outlets with back up generation .
- Report any potential electrical hazard to your instructor or unit supervisor.

M.S.D.S. INFORMATION

A Material Safety Data Sheet (MSDS) gives a person detailed information on a specific product and its potential hazards. All departments within the hospital will contain the MSDS information specific to that department.

The MSDS will list the following information about a potentially hazardous product:

- Product name
- Chemical type
- Formula
- Trade name
- Special protection information
- Appearance/odor
- Special precautions and spill/leak procedures
- Hazardous ingredients
- Physical and chemical characteristics
- Physical hazards
- Health hazards
- Health hazards
- Emergency and first aid procedures

SAFE MEDICAL DEVICE ACT

Q: What is a medical device?

A: Any equipment or product used in the care of patients.

Q: How must we comply?

A: The hospital must report occurrences that cause serious illness or serious injury. Defined as:

- Life threatening
- Results in permanent impairment of a body structure or function
- Needs medical or surgical intervention to prevent permanent damage to a patient

Q: When must we report the occurrence to the FDA?

A: Within 10 days after the occurrence after the hospital concludes the devices may have been responsible for the occurrence.

Q: What is my responsibility?

A: Report any equipment or product involved in causing patient illness or injury to your instructor or unit supervisor. Provide documentation of problem if requested.

BODY MECHANICS- INJURY PREVENTION

PRINCIPLES:

- Maintain normal curvature of the spine.
- Hold the object to be lifted as close to the body as possible.
- Use strong back and leg muscles.

TECHNIQUES:

- Size up the load
- Bend the knees
- Keep the wide base of support
- Tighten abdominal muscles
- Plan ahead
- Pivot your feet

- Don't twist your back
- Face the object squarely
- Lift with your legs
- Keep load close to body
- No jerking movements
- Break up large loads

Communicate to partner
GET HELP!

Stop and think!

SAFETY RULES FOR ALL EMPLOYEES:

The following items are not intended to be a complete list of safety rules or issued for students, but rather a review of general safety issues. Students must become familiar with the Policies and Procedures that pertain to their specific department and job duties.

- Parking is limited—follow parking rules.
- Keep cars locked; windows up.
- Call the Security Officer to walk with you to your car when you work into the evening or night.
- Do not bring your valuables to work.
- Keep purses out of sight; bring only essentials in your purse.
- Obey and enforce the NO SMOKING policy.
- Know how to operate equipment and elevators. If unfamiliar, ask for instructions. Do not use equipment until you are trained.
- Practice good housekeeping rules. Keep work area and halls free of clutter; clean up spills immediately.
- Remove broken glass at once.
- Observe ISOLATION signs and rules.
- Walk, do not run.
- Report defective equipment immediately and remove it from the area so it may be repaired or replaced. Beware of electrical services and hazards.
- Know all Emergency Plans: Fire, Disaster, Bomb Threat, Hazardous Materials, & Security.
- Practice good body mechanics. Know and use proper technique for lifting, reaching, pushing, bending, etc. If an object is heavy, get help.
- Report all incidents, accidents, injuries, or errors that involve patients, visitors, or employees. An Incident Report must be completed and filed.
- Report any blood and body fluid exposures to your instructor. Cleanse the wound with soap and water.

STANDARD PRECAUTIONS & ISOLATION PRECAUTIONS

ISOLATION PRECAUTIONS

Isolation precautions used at local hospitals are based on CDC guidelines revised in 1996. The revised guideline contains two types of precautions: Standard precautions and Transmission Based Precautions. A description of these precautions is provided.

- I. Standard Precautions: The first and most important tiers are those precautions designed for the care of all patients in hospitals regardless of their diagnosis or presumed infection status. Implementation of these "Standard Precautions" is the primary strategy for successful nosocomial infection control.
 - a) Standard Precautions apply to:
 - 1) blood

- 2) all body fluids, secretions, and excretions *except sweat* regardless of whether they contain visible blood
- 3) nonintact skin
- 4) mucous membranes

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

STANDARD PRECAUTIONS- USE FOR CARE OF ALL PATIENTS

- **Handwashing:** Wash after touching body fluids, after removing gloves and between patient contacts.
- **Gloves:** Wear gloves before touching body fluids, mucous membranes and nonintact skin.
- **Mask & Eye Protection or Face Shield:** Protect eyes, nose, and mouth during procedures that cause splashes or sprays of body fluids.
- **Gowns:** Wear gowns during procedures that may cause splashes or sprays of body fluids *or when in direct contact with non-intact skin.*
- **Patient Care Equipment:** Handle soiled equipment so as to prevent personal contamination and transfer to other patients.
- **Environmental Control:** Follow hospital procedures for cleaning beds, equipment, and frequently touched surfaces.
- **Linen:** Handle linen soiled with body fluids so as to prevent personal contamination transfer to other patients.
- **Occupational Health and Bloodborne Pathogens:**
 - Never recap needles using both hands, use a one handed technique
 - Place sharps in puncture proof sharps containers
 - Use resuscitation barrier devices as an alternative to mouth to mouth resuscitation
- **Patient Placement:** Use a private room for a patient who contaminates the environment.

“Body Fluid” includes blood, secretions and excretions.

Reducing Your Risk- Six Major Ways

- None are 100% effective
 - Must use these five ways together
- 1. Engineering controls- patient environment
- 2. Student work practices
- 3. Personal Protective Equipment
- 4. Housekeeping: Clean up after yourself
- 5. Hepatitis B vaccination
- 6. Current immunizations including tetanus and MMR

ENGINEERING CONTROLS are physical or mechanical systems to eliminate hazards

Examples:

- Self-sheathing needles
- Needle boxes
- Needless systems

The effectiveness of these systems depends on you.

WORK PRACTICE CONTROLS- SPECIFIC PROCEDURES YOU FOLLOW

Needlestick Prevention:

- Do not bend, hand re-cap, shear or break needles or sharps
- Recap or remove only when medically necessary
- Use one-handed technique or a mechanical device to recap
- Place in sharps container immediately
- Report full sharps containers for replacement when $\frac{3}{4}$ full

HANDWASHING- THE SOONER THE BETTER

Handwashing prevents transmission to other areas of the body and other surfaces.
Hands must be washed every time you remove gloves.
Flush skin or mucous membranes with water if exposed to blood and body fluids.
Use alcohol disinfectants for routine decontamination of hands.
Scrub skin *surfaces* with soap and running water for a *minimum* of 10 seconds.

PERSONAL HYGIENE:

Minimize splashing, spraying, or splattering when possible.
Do not eat, drink, smoke, apply cosmetics or lip balms or handle contact lenses in work areas.
Avoid petroleum-based lubricants- may damage gloves.
Never mouth pipette or suction blood or other materials.
Never keep food or drinks where they may be contaminated.

PERSONAL PROTECTIVE EQUIPMENT (PPE): Equipment that protects you from contact with potentially infectious materials

Examples: gloves, mask, gown, apron, lab coat, face shield, protective eyewear, mouthpiece, resuscitation device.

HAZARD: generation of splashes, sprays, splatter or droplets
PROTECTION: mask, gloves, eye protection, gown, face shield

HAZARD: potential clothing or skin exposure
PROTECTION: gown, gloves, apron, and other protective body clothing

HAZARD: encountering large amounts of blood during surgery or autopsy
PROTECTION: gloves, gown, and surgical cap/hood, shoe covers/boots

The hospital will provide PPE at no charge to you. The hospital is responsible for cleaning and replacing the PPE as needed.

GENERAL RULES ON PPE:

- Your instructor or unit supervisor should train you in its use.
- It must be appropriate for the task.
- You must use appropriate PPE each time you perform the task.
- Your PPE must be in good condition.
- Your gloves must fit properly.
- If PPE is penetrated by blood, remove it as soon as possible.
- Remove all PPE before leaving work area.

EXCEPTIONS TO THE RULES:

If you believe that PPE will prevent proper delivery of healthcare or jeopardize your safety or a co-worker's safety, you may temporarily and briefly abandon its use in an emergency. After the incident, the hospital must investigate the circumstances to determine if such a situation could be prevented in the future. In all other situations, PPE is mandatory. Avoid unprotected mouth to mouth resuscitation.

GLOVES ARE THE MOST WIDELY USED PPE

- You must wear gloves when you anticipate hand contact with blood or body fluids.
- Several types of hypoallergenic gloves are available. Latex allergies must be discussed with the hospital Infection Control or Employee Health Practitioner.
- Bandage cuts prior to wearing gloves.
- Replace gloves as soon as possible after contamination.
- Never wash gloves for reuse, discard gloves after use.
- Use gloves carefully to avoid contamination.

HOUSEKEEPING

- Good housekeeping protects every healthcare worker. This is everyone's responsibility.
- Clean and decontaminate work *surfaces* at the end of each workshift.
- Clean *equipment/surfaces* as soon as possible after contact with blood or body fluids.
- Do not use hands to pick up broken glass that may be contaminated.
- Handle contaminated laundry as little as possible, place in proper container.
- Pay attention to biohazard labels.

IMMUNIZATIONS

- HBV immunization is a synthetic product and will not produce infection. It is 85%-95% effective in protecting you from HBV. The requirements for HBV vaccination are student contract specific and may be required prior to participating in hospital clinical rotation.
- If you are exposed, report the incident to your instructor/unit supervisor. Each hospital has an exposure control plan. If you have questions or concerns about protection from exposure talk with your instructor, unit supervisor or the Infection Control Practitioner at the hospital.
- A negative TB skin test must be documented within a year prior to the clinical rotation.
- Measles and Rubella immunities must be documented.
- Tetanus is not required, but highly recommended.
- Influenza Vaccine is not required but it is highly recommended for clinical rotations during winter.

TRANSMISSION-BASED PRECAUTIONS:

These precautions are designed for patients known or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission.

There are three types of Transmission-based Precautions:

- Airborne
- Contact Precautions
- *Droplet*

These may be used individually or in combination for diseases that have more than one route of transmission.

Note: When used either singularly or in combination, ***they are to be used in addition to Standard Precautions***

AIRBORNE PRECAUTIONS

Used for patients known or suspected to be infected with microorganisms transmitted by airborne droplets.

- **PATIENT PLACEMENT:** Place patients in a private room that has monitored negative air pressure in relation to the surrounding areas. Keep the room door closed and the patient in the room. When a private room is not available, place the patient in a room with a patient who has active infection with the same microorganism, unless otherwise recommended, but with no other infection. In the event of questions concerning specific precautions, consultation with an infection control professional is advised before patient placement.
- **RESPIRATORY PROTECTION:** Wear a *respirator* mask when entering the room. Wear an approved TB *respirator* mask (N95 or HEPA) when entering the room of a patient with known or suspected infectious pulmonary TB.
- **SUSCEPTIBLE PERSONS:** Susceptible persons should not enter the room of patients known or suspected to have measles (rubeola) or varicella (chickenpox) if other immune caregivers are available.
- **PATIENT TRANSPORT:** Limit the movement and transport of patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient if possible.

CONTACT PRECAUTIONS

Use contact precautions for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact with environmental surfaces or patient-care items.

- **PATIENT PLACEMENT:** Place the patient in a private room. When a private room is not available, place the patient in a room with a patient who has active infection with the same microorganism but with no other infection. When a private room is not available and cohorting is not achievable, consider the epidemiology of the microorganism and the patient population when determining patient placement. *Consultation with an infection control professional is advised before patient placement.*
- **GLOVES AND HANDWASHING:** Wear gloves when entering the room. During the course of providing care for a patient, change gloves after having contact with infective material. Remove gloves before leaving the patient's *environment and wash hands immediately.*
- **GOWNS:** Wear gowns when entering the room to prevent your clothing from having substantial contact with the patient, environmental surfaces or items in the patients room. Remove the gown before leaving the patient's environment.
- **MASKS:** Should be worn on each entry into the room to prevent inadvertent colonization of healthcare workers.
- **PATIENT TRANSPORT:** Limit the movement from and transport of the patient from the room to essential purposes only. If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment.
- **PATIENT-CARE EQUIPMENT:** When possible, dedicate the use of noncritical patient-care equipment to a single patient (or cohort of patients) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient.

Droplet Precautions

Use for patients known or suspected to be infected with microorganisms transmitted by large droplets.

- **PATIENT PLACEMENT:** *Place the patient in a private room. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, maintain spatial separation of at least 3 feet between the infected patient and other patients and visitors. Special air handling and ventilation are not necessary, and the door may remain open.*
- **Mask:** *Wear a mask to enter the room.*
- **Patient Transport:** *Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by masking the patient.*

NEUTROPENIC PATIENTS: SPECIAL CONSIDERATIONS ARE TO BE FOLLOWED. SEE POLICY & PROCEDURE.

Use for patients that need to be protected from sources of potential infection.

1. Whenever possible, patients should be placed in a private room away from main traffic patterns.
2. All personnel and visitors shall wash their hands upon entering the room and again upon leaving the room. Hands shall be washed prior to any patient contact and between procedures, even if gloves are worn.
3. *Standard precautions will be followed.*
4. All multi-patient use items shall be disinfected with the appropriate hospital approved disinfectant prior to being brought into the room. Disposable supplies should be used when possible.
5. No potted plants, cut flowers, fresh fruits, or uncooked vegetables shall be allowed in the room.
6. Visitors should be restricted as much as possible and no visitor with signs or symptoms of a communicable disease should be permitted. (Coughing, sneezing, fever, etc.)

DISPOSAL OF HAZARDOUS WASTE

DRESSINGS AND OTHER SOILED WASTE:

Any dressing materials that could potentially release blood or body fluids are disposed of as a bio-hazardous waste. These items are placed in a red bag and disposed of in a red lined trash receptacle in the dirty utility room.

IV TUBING:

Following WISHA recommendations, we consider any object that could potentially puncture a plastic trash liner to be a sharp. IV tubing falls into this category and should always be disposed of in the large sharps container. The lid of the container is to be kept CLOSED when not in use. It is the responsibility of nursing personnel to make sure these containers are not overfilled. When full, close the container lid and place the container in a red bag. Full sharps containers placed in the dirty utility room will be disposed of by Environmental Services.

NEEDLES AND OTHER SHARPS:

Disposal of needles and other sharps is the responsibility of the person using the item. Needle boxes are located in all patient care areas and are located in the supply rooms in each unit. Never over fill a needle box. These are checked daily by Environmental Services personnel for replacement but may be replaced by whomever finds the container full.

LINENS:

All linens are to be treated as contaminated. Linen is to be placed into linen hampers found in each department. Linen is never to be placed in the red trash liners. Anything placed in a red container or liner is destroyed.

AEROSOL CANS:

All aerosol cans must be placed into regular trash bags. Never place these items in red bags (this could result in injury to the personnel working in the trash-processing department).

BATTERIES:

Batteries are to be disposed of in collection containers located on the units. Check with staff regarding location of containers.

SUCTION CANISTERS

KADLEC MEDICAL CENTER:

Suction canisters must be solidified prior to disposal. A solidifying agent is on the exchange cart from Central Supply. The canister should be double red bagged along with the tubing, then place in the large red bag in the trash receptacle in the dirty utility room. Canisters do not need to be replaced every 24 hours unless full or foul smelling. Canisters are to be disposed of by nursing personnel after discharge of a patient. (Exceptions: Same Day Surgery, Short Stay.)

KENNEWICK GENERAL HOSPITAL:

Suction canisters are placed in the red bags in the biohazard box, by nursing personnel, when they full or foul smell or upon discharge.

LOURDES HEALTH NETWORK:

Items that can be emptied will be carefully flushed into the sewer system prior to disposal. Appropriate personal protective equipment will be worn. Once emptied, containers will be placed in clear plastic bags and disposed of as general hospital waste. Isolyzer may be used to solidify large volumes of body fluids. When contents are solidified, containers are placed in clear bags and disposed of as general hospital waste.

PROSSER MEMORIAL HOSPITAL:

Suction canisters are placed in the red bags in the biohazard box by nursing personnel when they are full or foul smelling or upon patient discharge.

HOSPITAL SPECIFIC SAFETY EDUCATION

KADLEC MEDICAL CENTER

To access the operator in an emergency dial 4-4-4-4.

Code Phrases:

Fire ----- Miss Flamingo
Disaster (Mass Casualty Incident) ----- MCI Level ____
Bomb ----- Code Green
Adult Cardiac/Respiratory Arrest ----- Code One
Pediatric Cardiac/Respiratory Arrest ----- Code Two
Need Assistance (aggressive patients/visitors) ----- Code 99
Infant/Child Abduction ----- Infant/Child Alert
Trauma ----- Trauma pagers alert team members
Cardiac Team ----- Cardiac Team Activated to ER
Stroke Team ----- Stroke Team activated to ER
Helo Alert ----- Helicopter transport

Resource People:

- © Always ask your instructor, lead nurse, clinical coordinator or preceptor if you have questions regarding your safety or the safety of patients or visitors at Kadlec Medical Center.
- © The Patient Care Coordinator (PCC) is available 24 hours/day. Contact this person on pager 094. Report any unusual or unexpected events to the PCC.
- © The infection Control Practitioner is Jim Connerly He can be reached Monday through Friday on pager 030. Call the PCC if Jim is unavailable.
- © Security is available 24hrs/day. Pager 084 – Non-emergency. Emergency 4-4-4-4.

Your Responsibilities:

- © Know the emergency pages used at Kadlec Medical Center
- © Ask questions and get help if you are unsure about your safety, the safety of patients, visitors or co-workers.
- © In the event of an emergency, stay with your instructor, clinical coordinator, preceptor, or unit supervisor. Assist with patient safety needs as directed.

The first day of your clinical experience, locate the MSDS, Emergency Preparedness Manual and other resource manuals in your department.

What do I do if I get a blood and/or body fluid exposure?

- © Cleanse the wound with soap and water
- © Report exposure to your instructor and the supervisor.
- © File a Quality Review report.
- © Report to Triage area of ER

2005 NATIONAL PATIENT SAFETY GOALS

Goal: Improve the accuracy of patient identification.

Use a least two identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.

Goal: Improve the effectiveness of communication among caregivers.

For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.

Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization. See green sheet in the chart under the orders section at KMC.

Goal: Improve the safety use of using medications

Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride > 0.9%) from patient care units.

Standardized and limit the number of drug concentrations available in the organization.

Identify and, at a minimum, annually review a list of look-alike/sound alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.

Goal: Improve the safety use of using infusion pumps.

Goal: Reduce the risk of health care-associated infections.

Comply with CDC hand hygiene guidelines.

Goal: Reduce the risk of patient harm resulting from falls.

Complete falls assessment and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks. See falls policy and procedure per facility.

Goal: Accurately and completely reconcile medications across the continuum of care.

2006 additional Goals:

Standardized patient handoffs and include a time for questions.

All medications and syringes in operative or procedural areas to be labeled.

KENNEWICK GENERAL HOSPITAL

PAGING

To access the operator in an emergency dial 2-2-2-2.

Code Phrases:

Fire-----	Code Red
Disaster-----	Code Yellow
Bomb-----	Code Orange
Security, Show of Force-----	Dr. Strong
Cardiac/Respiratory Arrest-----	Code Blue
Infant Abduction-----	Code Pink
Medical Oxygen Failure-----	Code Green
Trauma-----	Trauma Code

RESOURCE PEOPLE

Your first resource is your instructor or the person in charge of the unit on which you are working.

Infection Control-----	ext. 5864
Safety Officer-----	ext. 5810
Hazardous Waste/Environmental Concerns-----	ext. 5810
Patient Concerns-----	ext. 5823
Biomedical/Equipment Safety-----	ext. 5879
Security Officer-----	948-1366

SAFETY SUMMARY

Code Blue and Code Red teams only respond in the main hospital. Other areas must call 9-9-1-1.

Your first day on the unit you must find the Health and Safety Manual. All safety information is contained in this book. Also, locate fire alarms, extinguishers and emergency exits in your area. Remember that elevators are not used in a fire.

In an actual emergency, stay with a staff member and/or your instructor. Help as directed. If evacuation is ordered, place a pillow outside the doors of rooms that have been checked. Remember to check bathrooms and closets.

LOURDES HEALTH NETWORK

For all questions contact the Patient Care Supervisor or the department manager.

MISS FLAMINGO- FIRE EMERGENCY

Call out "Miss Flamingo" and the location.

Begin the R.A.C.E steps

- R= Rescue Remove anyone in immediate danger from fire or smoke
- A= Alarm Pull the nearest alarm.
 Dial 330 and report the exact location.
- C= Contain Close all doors and windows tightly.
- E= Extinguish Fight fire with appropriate extinguisher or other emergency means.

DOCTOR STRAIGHT (Use whenever it appears that physical restraint may be necessary.)

Dial 330

Report the location of incident or where assistance is needed.

Note: All Maintenance/Security, House Supervisor and male employees should respond.

CODE A CLASS (A OR B) DISASTER PLAN

The operator will announce the disaster as Code A, class (A=10, but less than 25 casualties) or (B=25 or more casualties). Refer to disaster manual located in each department for departmental plan.

TRAUMA CODE

Used to activate the Trauma Response Team, on order of the Emergency Department Physician.

CODE BLUE (Used for cardiac or respiratory emergency.)

Push the Code Blue button located patient rooms or
Dial 7111 and announce the location.

PROCEDURE FOR CODE PINK

Clear hallway in front of nursery/dinning room on Rehab of all equipment and patients

PROCEDURE FOR ABDUCTION (INFANT/PEDIATRIC)/"CODE ADAM"

Upon hearing announcement:

1. Search all areas
2. Stop/Delay any persons carrying or transporting any item that could conceal an infant or child.
3. Call 330 if any suspicious individuals are encountered

Note: Refer to specific policy & procedure for more information

PROCEDURE FOR CHEMICAL SPILLS

Remember C-H-E-M

C= Contain the spill/leak immediately

H= Call for help

Dial 330 and notify of product and exact location

Call department manager

Operator will notify Emergency Response Team

E= Evacuate the immediate area

M= Locate the MSDS in each department's Right to Know Book

2005 PATIENT SAFETY GOALS

1. Improve accuracy of patient identification
 - Use at least two patient identifiers whenever administering medication or blood products; taking blood samples; and other specimens for clinical testing, or providing other treatments or procedures
2. Improve effectiveness of communication among caregivers
 - Read-back of verbal orders, critical test results
 - Abbreviations
 - Measure, assess, take action to improve the timeliness of reporting and timeliness of receipt by responsible licensed caregiver of critical tests result
3. Improve safety of using medications
 - Remove concentrated electrolytes
 - Standardize and limit number of drug concentrations available
 - Identify and at a minimum, annually review a list of look alike/sound alike drugs in the organization and take action to prevent errors.
4. Improve safety of using infusion pumps
 - Ensure free-flow protection on all general-use and PCA pumps.
5. Reduce risk of healthcare acquired infections
 - Comply with CDC hand hygiene guidelines
 - Manage as sentinel events all identified causes of unanticipated death or major permanent loss of function
6. Accurately and completely reconcile medication across the continuum of care
 - During 2005, for full implementation in 2006, develop a process for obtaining and documenting a complete list of patient's current medications upon patient's admission.
 - Complete list is communication to next provider of service when it refers or transfers a patient to another setting, etc.
7. Reduce the risk of patient harm resulting from falls
 - Assess and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address identified risks

PROSSER MEMORIAL HOSPITAL

PAGING

To access the paging system dial 6699

Code Phrases:

Fire-----	Code Red
Hospital Lockdown-----	Code Yellow
Haz-Mat Spill-----	Code Orange
Disaster -----	Code Black
Cardiac/Respiratory Arrest-----	Code Blue
Infant Abduction-----	Code Pink
Combative Person -----	Code Green

RESOURCE PEOPLE

Your first resource is your instructor or the person in charge of the unit on which you are working.

Infection Control-----	ext. 6619
Safety-----	ext. 6659
Hazardous Waste/Environmental Concerns-----	ext. 6659
Patient Concerns-----	ext. 6604
Biomedical/Equipment Safety-----	ext. 6659
Security Concerns-----	ext. 6659

SAFETY SUMMARY

Your first day on the unit you must find the Health and Safety Manual. All safety information is contained in this book. Also, locate fire alarms, extinguishers and emergency exits in your area. Remember that elevators are not used in a fire.

In an actual emergency, stay with a staff member and/or your instructor. Help as directed. If evacuation is ordered, place a pillow outside the doors of rooms that have been checked. Remember to check bathrooms and closets.

SAFETY EDUCATION FOR STUDENTS

Student's Name (Print)

- Fire Safety
- Electrical Safety
- Material Safety Data Sheets (MSDS)
- Safe Medical Device Act
- Body Mechanics- Injury Prevention
- Body Substance Precautions
- Substance Abuse Agreement
- Confidentiality Agreement

I have completed a review of the above listed safety materials. I understand my responsibilities in responding to emergency situations at Kadlec Medical Center, Kennewick General Hospital, Lourdes Health Network and Prosser Memorial Hospital.

Student Signature

Date

